

# Pet Claim Form

## If Your Pet Has Died

Send your completed claim form to [claimform@animalfriends.co.uk](mailto:claimform@animalfriends.co.uk)

If you have any questions, you can call **0344 557 0300**

**animal  
Friends**  
Pet Insurance

**We are sorry for the loss of your beloved pet, we understand that this will be a very difficult time for you.**

### 1. ABOUT YOU

Policy number:

Policyholder's first line of address:

Policyholder's name:

Contact number:

Policyholder's postcode:

Email address:

### 2. ABOUT YOUR PET

Pet's name:

When did you  
get your pet?

D	D	M	M	Y	Y	Y	Y
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Pet's breed:

How much did you pay or donate for your pet?

Pet's date  
of birth:

D	D	M	M	Y	Y	Y	Y
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£

Male:

☐

Female:

☐

The amount we can pay is based on what you paid for and the age of your pet.  
If you didn't pay or make a donation for your pet you can't claim for the  
purchase price of your pet. However, you can still claim for cremation.

### 3. CLAIM DETAILS

When did your pet pass away?

D	D	M	M	Y	Y	Y	Y
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How did your pet pass away?

If your pet was ill, what date did you first notice they were unwell?

D	D	M	M	Y	Y	Y	Y
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We need your vet's details so that we can ask them for your pet's full medical history.

Current vet practice/branch and phone number:

Previous vet practice/branch and phone number:

### 4. SUPPORTING INFORMATION

**Please include with your claim form:**

**A.** Proof of how much you paid/donated for your pet.

*This could be a receipt, bank statement or any correspondence confirming payment/donation.*

**B.** If your pet died in an accident, please tell us how the accident happened on a separate sheet.

**C.** A copy of the receipt for cremation.

### 5. SENDING US YOUR CLAIM

We aim to process your claim within 2 working days following receipt of all required information.

**Please make sure you:**

- Complete and sign the claim form.
- Include all supporting information.

The completed form and documents should be sent to [claimform@animalfriends.co.uk](mailto:claimform@animalfriends.co.uk)

or posted to **Animal Friends House,  
1 The Crescent, Sunrise Way, Amesbury,  
Wiltshire, SP4 7QA**

### 6. YOUR DECLARATION

**I confirm that the information I have provided is correct and that the documents I have provided are exact copies of the originals.**

**I also confirm that there is no other insurance that would cover this claim.**

I agree that Animal Friends Insurance can talk with any vet, professional or individual that may be involved with this claim.

Print name:

Please sign here:

Date:

D	D	M	M	Y	Y	Y	Y
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Claims will be paid into the account that your **Direct Debit** is collected from.

If you paid for your premium **annually**, please provide the bank account details you would like us to use:

Account holder's name:

Account Number:

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Sort Code:

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